PRINTED: 12/15/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4753ADA 11/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5660 N DAPPLE GRAY ROAD **SOLUTIONS RECOVERY - DAPPLE** LAS VEGAS, NV 89149 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 000 **Initial Comment** D 000 Surveyor: 27364 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 11/04/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for nine residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was five. Five resident files and zero employee files were reviewed. Zero discharged resident files were reviewed. D 015 D 015 449.088(1) Policies and Procedures SS=C 1. A facility must have written policies and procedures available to members of the staff, clients and the public which govern the operation of the facility and services provided by the facility.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This Regulation is not met as evidenced by:

Based on record review and interviews on 11/4/09, the facility failed to maintain written policies and procedures at the facility.

Surveyor: 27364

Findings include:

Bureau of Health Care Quality & Compliance

AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME				(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  SOLUTIONS RECOVERY - DAPPLE			STREET ADDRESS, CITY, STATE, ZIP CODE  5660 N DAPPLE GRAY ROAD LAS VEGAS, NV 89149					
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D 015	a policy and procedu policies for an Alcoh Facility as prescribe Severity: 1 Scope:	ee #1 stated she did no ure manual with the requion and Drug Treatment d in NAC 449.088.		D 015				
D 089 SS=F	9. A personnel recoreach employee. The (a) The employment This Regulation is resurveyor: 27364 Based on record revelopment the facility failed to record the second record revelopment the second record revelopment to the second record recor	rd must be maintained for record must contain:	r: 1/4/09,	D 089				
D 100 SS=F	available. Employee did not employee file Severity: 2 Scope: NAC 449.117 Physic All persons employed documentation show compliance with any	cal Examinations	she ee #2.	D 100				
	This Regulation is r	ot met as evidenced by	r:					

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stage; and

vaccination.

(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG)

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symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Marshal to conduct such inspections.

Surveyor: 27364

annually inspected.

Findings include:

This Regulation is not met as evidenced by:

Based on observation on 11/04/09, the facility failed to ensure that 2 of 5 fire extinguishers were

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
NVS4753AI		NVS4753ADA	B. WING		<del></del>	11/04/2009	
NAME OF PROVIDER OR SUPPLIER  SOLUTIONS RECOVERY - DAPPLE			STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	-	
			5660 N DAPPLE GRAY ROAD LAS VEGAS, NV 89149				
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D 160	Continued From page 5			D 160			
		s located in the garage ailed to have inspection 3					
D 215 SS=F	NAC 449.141(7) Health Services  7. There must be one staff person in the facility who is capable of providing cardiopulmonary			D 215			
	resuscitation at all time		st be				
	Surveyor: 27364 Based on interview a the facility failed to er resident managers (c	ot met as evidenced by nd observation on 11/4 nsure 2 of 2 assistant or caregivers) had evide esuscitation training (CI	/09, ence				
	Findings include:						
	On 11/4/09, no emploreview.	oyee files were availabl	e for				
	Severity: 2 Scope	: 3					
D 216 SS=F	(0)			D 216			
		al programs must unde at meets the requireme 41A of NAC.					
	This Regulation is no	ot met as evidenced by	:				

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FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4753ADA 11/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5660 N DAPPLE GRAY ROAD **SOLUTIONS RECOVERY - DAPPLE** LAS VEGAS, NV 89149 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 216 Continued From page 6 D 216 Surveyor: 27364 NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing: respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120). 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the

staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified

PRINTED: 12/15/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4753ADA 11/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5660 N DAPPLE GRAY ROAD **SOLUTIONS RECOVERY - DAPPLE** LAS VEGAS, NV 89149 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 216 Continued From page 7 D 216 person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the quidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the

guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4753ADA 11/04/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 5660 N DAPPLE GRAY ROAD **SOLUTIONS RECOVERY - DAPPLE** LAS VEGAS, NV 89149 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) D 216 D 216 Continued From page 8 able to keep the person in respiratory isolation. the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Prevention as adopted by reference in paragraph

(h) of subsection 1 of NAC 441A.200.

Bureau of Health Care Quality & Compliance

A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
B. WING		11/04/2009	
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660 N DAPPLE GRAY F AS VEGAS, NV 89149	ROAD		
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D 216			
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